

AO 435 (Rev. 03/08)		Administrative Office of the United States Courts			FOR COURT USE ONLY	
TRANSCRIPT ORDER					DUE DATE:	
<i>Please Read Instructions:</i>						
1. NAME Noemi V. Lopez		2. PHONE NUMBER (915) 534-6884		3. DATE 11/27/2017		
4. MAILING ADDRESS 700 E. San Antonio, Suite 200		5. CITY El Paso		6. STATE Texas	7. ZIP CODE 79901	
8. CASE NUMBER EP-17-MJ-4499(1)-MAT	9. JUDGE Miguel A. Torres	DATES OF PROCEEDINGS 10. FROM 11/22/2017			11. TO 11/27/2017	
12. CASE NAME US vs. Blanca Nieve Vasquez-Hernandez		LOCATION OF PROCEEDINGS 13. CITY El Paso			14. STATE Texas	
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER						
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)	PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE			<input type="checkbox"/> TESTIMONY (Specify Witness)		3:30 P.M.	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					OF COURT	
<input type="checkbox"/> OPENING STATEMENT (Defendant)					X	
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)			<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)		3:30 P.M.	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					S	
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS			<input checked="" type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING			<input type="checkbox"/> Motion/Frye Hearing		November 22, 2017	
<input type="checkbox"/> BAIL HEARING			<input type="checkbox"/> Evidentiary/Frye Hearing		November 27, 2017	
17. ORDER						
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS	
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00	
18. SIGNATURE 				PROCESSED BY		
19. DATE 11/27/2017				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS		
ORDER RECEIVED	DATE	BY				
DEPOSIT PAID			DEPOSIT PAID			
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00		
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00		

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY